

IN-5597

**DECLARATION —**

Utility or Design Patent Application

**POWER OF ATTORNEY**

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

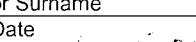
Customer Number or Bar Code Label  Correspondence address below

**26922**

PATENT-TRADEMARK OFFICE

I, (WE), hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])	<b>John E.</b>			Family Name or Surname		<b>BOISSEAU</b>	
Inventor's Signature				Date 			
Residence: City	Bloomfield Hills	State	Michigan	Country	United State of America	Citizenship	American
Mailing Address	2071 Birchland Drive						
City	Bloomfield Hills	State	Michigan	Zip	48302		

Name OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])	<b>Swaminathan</b>			Family Name or Surname		<b>RAMESH</b>	
Inventor's Signature				Date 			
Residence: City	Canton	State	Michigan	Country	United State of America	Citizenship	American
Mailing Address	47417 Stratford Drive						
City	Canton	State	Michigan	Zip	48187		

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Declaration for Utility or Design Patent Application (PTO/SB/01) [1-1.1]

Please type a plus sign [+] inside this box →

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		<b>Attorney Docket No.</b>	IN-5742
<input checked="" type="checkbox"/> Declaration or <input type="checkbox"/> Declaration Submitted with initial Filing (surcharge required) (37 CFR 1.16 (e))		<b>First Named Inventor</b>	John E. BOISSEAU et al.
COMPLETE IF KNOWN			
		<b>Application Number</b>	
		<b>Filing Date</b>	September 30, 2004
		<b>Group Art Unit</b>	
		<b>Examiner Name</b>	

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SILANE-MODIFIED UV ABSORBERS AND COATINGS**

(Title of the Invention)

The specification of which:

is attached hereto

Was filed on \_\_\_\_\_ as United States Application Serial Number \_\_\_\_\_.  
 was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35, U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365 (a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate, or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date DATE/MONTH/YEAR	Priority Not Claimed	Certified Copy Attached? Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application number are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER(S)	FILING DATE	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

County	United States of America	Telephone	(248) 948-2021	Fax	(248) 948-2093
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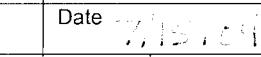
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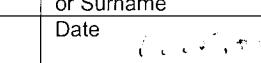
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